

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 004000034		CITY OR TOWN ASHLAND				
APPLICATION FOR RENEW	AL: Seasonal	LICEN	SED FOR 2013			
	CLASS		YEAR			
LICENSEE NAME: NORTH CENTE		ARREN CONFEREN	NCE			
DOING BUSINESS A WARR	REN CENTER CONFERENCE	E CENTER				
ADDRESS 529 CHESTNUT S	ST					
CITY/TOWN: ASHLAND	STATE: MA	ZIP CODE:	01721			
MANAGER: Roche, Mark P		eneral on Caremise	ATEGORY: All Alcohol			
EMAIL ADDRESS:						
DESCRIPTION OF LICENSE FENCED IN AREA ATTACH I hereby certify and swear unde 1. the renewed license 2. the licensee has con 3. the premises are now SIGNED BY:	ED TO THE LICENSED PRI	EMISES The same premises now an amonwealth relating to blain below)				
DATE: TH	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the cert of 2010.	uilding inspector and the he	ad of the fire depart	ment for the above			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY			
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 004000043		CITY	Y OR TOWN	ASHLAND)	
APPLICATION FOR	R RENEWAL:	Seaso	nal	LICENSED FOR 2013			
		CLA	SS			YEAR	
LICENSEE NAME:	Northeastern	University Warren	Conference C	Center			
DOING BUSINESS	A Warren Con	nference Center & In	ın				
ADDRESS 529 Ches	stnut St						
CITY/TOWN: ASI	HLAND	STATE:	MA Z	ZIP CODE:	01721		
MANAGER: Tow	le, Michael	TYPE OF LICEN	SE:Restaura	nt C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	t YOUR EMAIL AI	DDRESS		_	
DESCRIPTION OF	LICENSED PI	REMISES:					
seasonal tent located	on the field di	rectly beside the ma	in building ne	ear cabin 4 &	5		
I hereby certify and s	swear under pe	nalties of perjury tha	ıt:				
1. the renew	ved license will	be of the same type	for the same	premises now	licensed;		
2. the licens	see has complie	ed with all laws of the	e Commonwe	ealth relating t	o taxes; and		
3. the premi	ses are now op	en for business (If n	ot explain be	low)			
SIGNED BY:	T 1' ' 1 1 T	N	10	> cc.			
	Individual, F	Partner or Authorized	1 Corporate C	Jincer			
DATE:	TELE	DHONE MUMDED.		EMPLOYE	RIDENTIFICAT	TION NUMBER:	
TELEPHONE NUMBER:			(Note: NOT Individual Social Security Number)				
Wa the and out one	J 044004 4]004 -	:	(1) 4h o oout	:C:	ad har Charat	on 204 of the	
We the undersigned Acts of 2004, signed							
named license and	(2) the certific	ate of liquor liabili	ty insurance	required by	Chapter 116	of the Acts	
of 2010.							
			LO	LOCAL LICENSING AUTHORITY			
APPROVED:		Ву	By:				
DISAPPROVED:							
(If disapproved explain	aın)						
			_				
DATE:			_				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)